

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>01/26/00</i>
O.I.P.E. CLASSIFIER	<i>E</i>	<i>11</i>	<i>11/27/00</i>
FORMALITY REVIEW	<i>AT</i>	<i>829</i>	<i>08/31/00</i>
RESPONSE FORMALITY REVIEW	<i>MB</i>	<i>863</i>	<i>12/8/00</i>

### INDEX OF CLAIM

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	1	01/26/00
2	2	2	01/26/00
3	3	3	01/26/00
4	4	4	01/26/00
5	5	5	01/26/00
6	6	6	01/26/00
7	7	7	01/26/00
8	8	8	01/26/00
9	9	9	01/26/00
10	10	10	01/26/00
11	11	11	01/26/00
12	12	12	01/26/00
13	13	13	01/26/00
14	14	14	01/26/00
15	15	15	01/26/00
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49	49	49	01/26/00
50	50	50	01/26/00

Claim	Final	Original	Date
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52	52	52	01/26/00
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100	100	100	01/26/00

Claim	Final	Original	Date
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147	147	147	01/26/00
148	148	148	01/26/00
149	149	149	01/26/00
150	150	150	01/26/00

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)